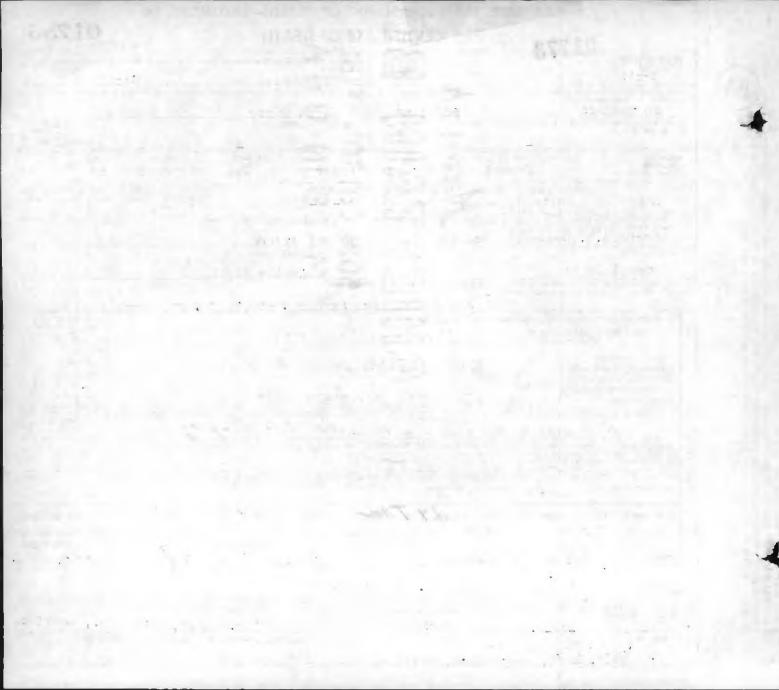
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01772 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Cecil			MARYLAND	2. USUAL RESIDENCE (Vo. STATE Maryland		b. COUNTY		
b. CITY OR TOWN (RURAL and give n North I		ts, write	c. LENGTH OF STAY IN 16	North Ba		orote limits, write R	URAL and give	nearest town)
	TAL (If not in haspital, a	jive street		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM? YES NO [
3. NAME OF DECEASED (Type or print)	Fin Sa	mue1	Middle Herman	Boyer	4. DATE OF DEATH	Mar Febru		Doy Year LO 19 6
5. SEX Male	6. COLOR OR RACE White	7. MARE	NED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 12-18-1884		9. AGE (In years lost birthdoy) yrs.	IF UNDER 1 Y Months Da	EAR IF UNDER 24 HI ys Hours Min
during most of war	ON (Give kind of work king life, even if retired R.R. Carpen	1	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIO		country)	12. CITIZEN	OF WHAT COUNTR
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
Samue1	Bover			Tour	se Bid	410		
15. WAS DECEASED EVE		CE57 16.	SOCIAL SECURITY NO. 1	NFORMANT	se blu	Add	Iress	
(Yes, na, ar unknawn)	(If yes, give war or dates of s	ervice) 7	17-07-5282 N	irs Arthur Ca	ntwell	Janney,	North :	East Nd
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (or (a), (b), and (c).]	Occlusio	La .			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a			Arterio selfet	e Heart 1	Piperic			1 1000
cause (a), stoting lying couse lost.	the under DUE TO)	Camilizad	Artenase		7		5700
CATIC	Hecroby.1	PAIN ALL	contributing to DEATH BUT	portial 1.	- L	SE CONDITION GI	VEN IN PART 1(19. WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE5	CRIBE HOW INJURY OCCURRE	9. (Enter nature of injury i	n Port I or Pa	fi il of Jem 18.)		
20c. TIME OF INJUI Hour a.m. p. m.	RY Month, Doy, Ye	While at wor	_ Not while fo	ACE OF INJURY (Home, foctory, street, office bldg.,	erm, 20f. (Ci)	y or town)	(Cou	nty) (Sto
21. I certify the	hat I attended the	deceas		0 occurred at 600				saw the deceas
ACTUAL SIGNATURE	Klins 1	4.1	Julian	M.D. Nerte		Street, city ar town,		DATE SIGN
PHYSICIAN'S NAME (Type)	Klaus	H.	Huebmer.	A.1).		/		/ /
220. BURIAL, CREMATIC)F	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOC/	ATION (City, Iown,	or county)	(State)
REMOVAL (Specify Burial	2_14_106	2	Methodist		Nort	h East,	Cecil Co	o., Maryla
23. FUNERAL DIRECTOR	's SIGNATURE	wth	ADDRESS East Naryland		C'D BY REGIS		ISTRAR'S SIGN	



funeral The law requires that the death certificate be executed within 24 hours after death. Page the retained by the hospital or attending physician.

O FUNERAL UNECTOR: After this certificate has been signed by the attending physician and completely fill director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page a filed with the State Dept. of Health prior to burial, cremation, or removal, and in, any event, within 72 hours.

death. Page TO FUNERAL

VR A15 (4) 15M 7 61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND

	UL114 CERTIFICA	IE OF DEATH
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
_	CEC/L MARYLAND	Ma. CECIL
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest fown) ELKTOY 4 WEEKS	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown)
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	VNION HOSPITAL	ON A FARM? YES ☐ NO 🔀
3.	NAME OF First Middle	A WAY DEATH FER 17 19 6 2
	(Type or print) £ DNA 1. PR	Lebi ila
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
E	MALE WHITE WIDOWED DIVORCED []	OCT, 1, 1894 67 yrs.
	B. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRATION of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
10	Nan F	PIKE Co. KV VS.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	MAT MULLINS	MATTIE ROWE
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. as, ng, or unkown [Hyesgive wer or datas of service]	
1	NO NONE TA	HELMA A. BROWN - CHES. CITY, Md.
	18. CAUSE OF DEATH [Enter only one cause par lina for (a), (b), and (c).	INSTERNAL DETAILERS
		otic cardiovascular disease
	IMMEDIATE CAUSE (e)	
	DUE TO	
	Conditions, if any, which (b)	
	(e), stating the underlying DUE TO	
	causa last. (c)	
13	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED.
ATI	Diabetes and senile psychosis	YES NO
SE	200 ACCIDENT WAS UNDERLYING THE 200 DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury In Part I or Part II of item 18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	
1		ACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata)
MEDICAL		thery, street, office bldg., atc.)
X	p.m. 19 at work et work	Inn. 22 (2 mate 22 (2)
	21. I certify that (I) (this hospital) attended the deceased from	19 19 to 19 19 that (I) (we) las
	saw the deceased alive on Feb. 16 19 62, and tha	t death occurred at
	22a. SIGNATURE DO ALL	7/224 PATS
	A CALLED AN	A.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) S. Ralph Andrews, Jr., M	I.D. 22d 233 E. Main St., Elkton, Md.
25	a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	REMOVAL (Spacify) 2/21/62 RETHE!	CEMETERY NR CHESAPEAUE CITY, Md.
14	FLINERAL DIRECTOR'S SIGNATURE ADDRESS &	
21	11	EER 2 0 '62 62
11	IPPIN FUNERAL TEME WENDER TO DEL	DATE DATE

1010 , 1 STATE STATE 12 2021 1 230 della THE THEOLOGY OF STATE OF STATE OF purposes of the first state and being allowed that the best of Yo VI do Sp St on So of or E. Mariga Sadrotta, Terry v. D. 237 M. Mark St., Silvery, C. BURGES : 2/4/63 BETHEL CEMETERS BY COMPTEND ONLY Chain a with the day had been been a FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1775 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01758

01775 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

T A	b. CITY OR TOWN	CII (if outside corporate limed give negrest town)	ilts, c.	MARYLA LENGTH OF STAY		TY OR TOWN (Il outsida corpora	te limits, write	RURAL and gi	ive nearest to	wn)
1	Port D	eposit		l yr.	1X	Port D	eposit				
	d. NAME OF HOSP	ITAL OR INSTITUTION	(if not in hospite),	give street eddress	d. ST	REET ADDRESS				e. IS	RESIDE
						Rock R	un.			YES	
3	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Month	D	ley Yai	ar
L	(Type or print)	Rezi		/.	Chinn		DEATH	2		7 19	6
5	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH		GE (In years			
	T T	C	WIDOWED	DIVORCED	3-9-9-35	714	1	7 yrs.	Months Day	s Hours	M
1	Oa. USUAL OCCUPA done during most of w	TION (Giva kind of work	k 105, KIND	OF BUSINESS OR IN	IDUSTRY 11. BIR	THPLACE (State	or foreign count	y)	12. CITIZEN	OF WHAT	COU
	None		No	Ne	V	D			N. C		
1	3. FATHER'S NAME	Nouton	101	inlat		HER'S MAIDEN	NAME /	TURA.	Bolde	3/	
)	200	information	- M	IVN		Laura	B. Chin	n.	50,00	,,,	
15	5. WAS DECEASED E	VER IN U.S. ARMED FOR	RCES? 16. SOC	IAL SECURITY NO.	17. INFORMA			Address			
,	yes:	AFRYW W. 2			Val Res	orde. Pe	mer Pot	n+ 164			
	18. CAUSE OF	DEATH [Enter only one		or (e), (b), and (c).]	A BIT STORAGE	A COS IC	TIA LOT	HU. MU.	Ī	INTERVAL BE	TWEE
	PART 1. DEA	TH WAS CAUSED BY:		-	and	Alcoho	240			ONSET AND	DEAT
	Hony	IMMEDIATE CAUSE (a)		J Thremby	0515	ATEOR	DETA!		-		
- 1	1 1	DUE TO									
	Conditions, if an	diata causa					***				
	geve rise to immed (a), stetling tha	fiata causa									
	geve rise to immed (a), steting that causa last.	diata causa underlying DUE TO									
NOL	geve rise to immed (a), steting that causa last.	diata causa underlying DUE TO		UTING TO DEATH B	BUT NOT RELATED	TO THE TERMIN	NAL DISEASE CO	NDITION GIVE	N IN PART 1(e		
CATION	geve rise to immed (a), steting that causa last.	diata causa underlying DUE TO (c) R SIGNIFICANT CONDI	ITIONS CONTRIB						N IN PART 1(a		
RTIFICATION	geve rise to immed (a), steting that causa last.	diata causa underlying DUE TO (c) R SIGNIFICANT CONDI	ITIONS CONTRIB	UTING TO DEATH B					N IN PART 1(e	PERFO	ORME
CERTIFICATION	geve rise to immed (a), steting that cause last. PART II. OTHE	diata causa underlying DUE TO (c)	ITIONS CONTRIB						N IN PART 1(e	PERFO	ORME
1 "	geve rise to immed (a), steting that cause last. PART II. OTHE	diata causa underlying DUE TO (c)	TIONS CONTRIBE	OW INJURY OCCU	RED. (Enter nature	of Injury in Per	I or Part II of ite	m 18.}	N IN PART 1(a	YES T	NO
MEDICAL CERTIFICATION	geve rise to immed (a), steting that cause last. PART II. OTHE	diata causa underlying DUE TO (c) (c) R SIGNIFICANT CONDI	TIONS CONTRIBE	OW INJURY OCCU	IRED. (Enter nature	of Injury in Per	I or Part II of ite	m 18.}		YES T	NO
-	geve rise to immed (a), stetling that causa last. PART II. OTHE 20a. EXTERNAL C PRIMARY or CI CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m.	diata causa underlying DUE TO (c) (c) R SIGNIFICANT CONDI	TIONS CONTRIBE 20b. DESCRIBE H 20d. INJUR Whila at work	OW INJURY OCCU	Oc. PLACE OF INJURIENT STREET, C	of Injury in Per JRY (Home, ferm office bldg., etc.	I or Part II of ite	m 18.}	(County)	YES T	NO (Stell
1 "	geve rise to immed (a), stetling that causa last. PART II. OTHE 20a. EXTERNAL C PRIMARY or CI CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m.	diata cause underlying DUE TO (c) R SIGNIFICANT CONDITION CONDITI	TIONS CONTRIBE	OW INJURY OCCU	Do. PLACE OF INJUIGECTORY, street, ve, held an Au	of Injury in Per JRY (Home, ferm office bldg., etc.	1 or Part II of ite	m 18.) lown)	(County)	YES T	NO (Stef
1 "	geve rise to immed (a), steting that causa last. PART II. OTHE 20a. EXTERNAL C PRIMARY OF CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify t	diata cause underlying DUE TO (c) R SIGNIFICANT CONDITION CONDITI	TIONS CONTRIBE	OW INJURY OCCU	oe. PLACE OF INJURED. (Enter nature fectory, street, over, held an Au Suicide).	of Injury in Per JRY (Home, ferm office bldg., etc. topsy, Homicide	I l or Part II of ite	m 18.}	(County)	YES T	NO (Stef
1 "	geve rise to immed (a), steting tha causa last. PART II. OTHE 20a. EXTERNAL C PRIMARY or C' CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify t death resulted	diata cause underlying DUE TO (c) R SIGNIFICANT CONDITION CONDITI	TIONS CONTRIBE	OW INJURY OCCU	Do. PLACE OF INJUIGECTORY, street, or per la constitue of the constitue of	of Injury in Per JRY (Hame, Fern Office bldg., etc. topsy, Homicide HIEF MEDICAL	I or Part II of ite 20f. (City or Inspection Unde	m 18.) lown)	(County)	YES TO THE PERFO	(Stef
1 "	geve rise to immed (a), steting tha causa last. PART II. OTHE 20a. EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify t death resulted	diata cause underlying DUE TO (c) R SIGNIFICANT CONDITION CONDITI	TIONS CONTRIBE	OW INJURY OCCU	Oo. PLACE OF INJURED. (Enter nature fectory, street, company), street, company to the fectory of the fector of the fec	of Injury in Per JRY (Hame, form office bldg., etc. topsy, Homicide HIEF MEDICAL I SSISTANT MED	I or Part II of ite 20f. (City or Inspection Unde EXAMINER ICAL EXAMINER	m 18.) lown)	(County)	YES T	(Stef
1 "	geve rise to immed (a), steting tha causa last. PART II. OTHE 20a. EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S	diata cause underlying DUE TO (c)	20d. INJURATION OF THE PROPERTY OF THE PROPERT	OW INJURY OCCU RY OCCURRED 20 Not While et work described above Accident .	Do. PLACE OF INJUIGED. (Enter nature fectory, street, or held an Au Suicide).	of Injury in Per JRY (Home, fern office bldg., etc. topsy, Homicide HIEF MEDICAL SSISTANT MED EPUTY MEDICAL	It or Part II of ite 1, 20f. (City or Inspection Unde EXAMINER III ICAL EXAMINER	m 18.) Town) Inquiry Permined ma	(County)	YES TO THE PERFO	(Stef
MEDICAL	geve rise to immed (a), steting that causa last. PART II. OTHE 20a. EXTERNAL C PRIMARY or or C CAUSE OF DEATH 20c. TIME OF INI. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	dista cause underlying DUE TO (c) R SIGNIFICANT CONDITION AUSE WAS DITRIBUTING URY Month, Dey, Ye 19 hat I took charge of from Natural cause Natural Ca	TIONS CONTRIBE HOLD TO THE WHILE ST WORK DOT THE PROPERTY OF T	OW INJURY OCCU	De. PLACE OF INJURED. (Enter nature fectory, street, core, held an Au Suicide	of Injury in Per JRY (Hame, Fern Office bldg., etc. topsy, Homicide HIEF MEDICAL I SSISTANT MED EPUTY MEDICAL	I or Part II of ite 20f. (City or Inspection Unde EXAMINER II ICAL EXAMINER LEXAMINER II LEXAMINER III L	m 18.) lown) Inquiry ermined ma	(County)	YES PERFO	NO (Stef
MEDICAL	geve rise to immed (a), steting tha causa last. PART II. OTHE 20a. EXTERNAL C PRIMARY or C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S	dista cause underlying DUE TO (c) R SIGNIFICANT CONDITION AUSE WAS DITRIBUTING URY Month, Dey, Ye 19 hat I took charge of from Natural cause Natural Ca	TIONS CONTRIBE HOLD TO THE WHILE ST WORK DOT THE PROPERTY OF T	OW INJURY OCCU RY OCCURRED 20 Not While et work described above Accident .	De. PLACE OF INJURED. (Enter nature fectory, street, core, held an Au Suicide	of Injury in Per JRY (Hame, Fern Office bldg., etc. topsy, Homicide HIEF MEDICAL I SSISTANT MED EPUTY MEDICAL	I or Part II of ite 20f. (City or Inspection Unde EXAMINER II ICAL EXAMINER LEXAMINER II LEXAMINER III L	m 18.) Town) Inquiry Permined ma	(County)	YES TO	NO (Stef
MEDICAL	geve rise to immed (a), steting tha causa last. PART II. OTHE 20a. EXTERNAL C PRIMARY or or C CAUSE OF DEATH 20c. TIME OF INJ Hour a.m. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) OVAL (Specify ACTUAL CREMATI	diata cause underlying DUE TO (c) R SIGNIFICANT CONDI AUSE WAS DITRIBUTING URY Month, Dey, Ye 19 hat I took charge of from Natural cause of the cause of t	TIONS CONTRIBE HOLD TO THE WHILE ST WORK DOT THE PROPERTY OF T	OW INJURY OCCU RY OCCURRED 20 Not While et work described above the control of the control	De. PLACE OF INJURED. (Enter nature fectory, street, core, held an Au Suicide	of Injury in Per IRY (Home, fern office bldg., etc. topsy, Homicide HIEF MEDICAL SSISTANT MED EPUTY MEDICAL RY	I or Part II of ite	Inquiry ermined ma	(County)	YES PERFO	NO (Stef
MEDICAL	geve rise to immed (a), steting that causa last. PART II. OTHE 20a. EXTERNAL C PRIMARY or or C CAUSE OF DEATH 20c. TIME OF INI. p.m. 21. I certify t death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type)	diata cause underlying DUE TO (c) R SIGNIFICANT CONDI AUSE WAS DITRIBUTING URY Month, Dey, Ye 19 hat I took charge of from Natural cause of the cause of t	TIONS CONTRIBE HOLD TO THE WHILE ST WORK DOT THE PROPERTY OF T	OW INJURY OCCURRED 20 Not While et work described above Accident	De. PLACE OF INJURED. (Enter nature fectory, street, core, held an Au Suicide	of Injury in Per JRY (Hame, Fern Office bldg., etc. topsy, Homicide HIEF MEDICAL I SSISTANT MED EPUTY MEDICAL	I or Part II of ite	Inquiry Inquiry Permined ma	(County)	PERFO	(Ste

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. M. Jack M.

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01775 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
01759

1.	PLACE OF DEATH • COUNTY			CE (Where decresed lived, I		ce before edmission]
	Gecil	MARYLAND	e. STATE	b. COU	NIY Cecil	
-	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		f outside corporate limits, wri		neerest town)
	write RURAL and give nearest town)		V			
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	conital give street address	elkton,	ReDeZe	-	. IS RESIDENCE
	a. NAME OF HOSPITAL OX INSTITUTION (II HOT IN HO	ospiiai, give siteei address)	d. SIKEET ADDRESS			ON A FARM?
			1		Q	YES NO
3.	NAME OF First DECEASED	Middle	Last	4. DATE Mon	th Dey	Year
		rtrude Chr	ristopherson	DEATH 2	la la	19 62
5	SEX 6. COLOR OR RACE 7. MARR	HED NEVER MARRIED B	, DATE OF BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	WIDOW		11-3-2-876	last birthday)	Months Days	Hours Min.
150		KIND OF BUSINESS OR INDUSTR		85 yrs.	L 12 CITIZEN O	F WHAT COUNTRY?
	one during most of working life, even if retired)	KIND OF DOSINESS ON HADOSTA	The pikting Exice (316)6	or rotargit country)	IZ. CITIZLIN O	WHAT COUNTRIL
1_	Housewife Retired K	esping house	England		Em	zland
13	. FATHER'S NAME	orland work	14. MOTHER'S MAIDEN	NAME		
	James Wheaton		Isabella Al	llem		
	. WAS DECEASED EYER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.		Addre	is	
10	(es, no, or unkown) (Ifyesgivewarordatesofservice)	N6-616-012	Cddmar Calau	107 July 200	to to seed	
-	18. CAUSE OF DEATH [Enter only one cause per	and a comme	STOREA COTE	nam, Elkton, i		Photos I produced in
	PART I. DEATH WAS CAUSED BY	r sine for (a), (b), end (c).)				ERVAL BETWEEN
	IMMEDIATE CAUSE (a)	ute Ceronary Oc	clusion and (Dedema of lung	2.65	
	DUE TO					
	7 20 0					
	Gonditions, if any, which (b)		· · · · · · · · · · · · · · · · · · ·			
	(e), stefing the underlying DUE TO					
	cause lost. (c)					
Z	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GI	VEN IN PART 1(e) 1	
ATK					,	PERFORMED?
CERTIFICATION	20e. EXTERNAL CAUSE WAS 20b. DESC	RIBE HOW INJURY OCCURED.	Enter nature of injury In Part	Lor Part II of item 18.1		I III
ENT	PRIMARY OF CONTRIBUTING	ADD TO THE HOURT OCCURED. T	Planta transfer of surject to care) or race in our nome up.,		
25	20c. TIME OF INJURY Month, Day, Year 20d		CE OF INJURY (Home, farm		(County)	(Stete)
MEDI	Hour e.m. Wh	THE PART OF THE PA	tory, street, office bldg., etc.;			
2			Id an Automite D	Lancardon D. Lancardon		
	21. I certify that I took charge of the re	_		Inspection Inqu		in my opinion
ш	death resulted from Natural causes	Accident , Suic	ide, Homicide	Undetermined i	nanner	
	/ b/ // n	10 100	CHIEF MEDICAL E	XAMINER		
	ACTUAL // ///	Wign	ASSISTANT MEDI	CAL EXAMINER	D	ATE SIGNED
	SIGNATURE / COOK		M.D.			
	EXAMINER'S	_	DEPUTY MEDICAL		2	40
-	NAME (Type) R.C. Dodson M	•D•		Sunya, Md entyl		OFCE.
22	REMOVAL (Specify) 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, tow	n, or country)	(State)
	Cremation 2-5-62	Silver Brook	Cemeterr	Wilmington 1	163	
2	3. FUNERAL DIRECTOR	Silver Brook	24a. REC	DEL REGISTROR ZER RE	STHAR'S SIGNATE	JRE
	Roll mored P	1. 1.	. 1	ED 7 '62	anthus of the	
	of the land of the	ong dung in	I DATE		The The	WA

TO DEPUTY M. A.L. EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boaf or its designated agent, prior to burial, cramation, or removal, and in any event withing 72 hours after death. VS. AISME

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E.J.Dodson M.D. Sather and the Telect

Level Silve Mest Comber Miller Comber States

0		K	
OX / INC PHISICIAN: The law requires that the death certificate be executed within 24 haurs and o		DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by that it	d be detached for use as the burial transit permit. Then please remove carban papers. Pages 1 and 2 sho
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 01777

Reg. Dist. No. 1760

1. PLACE OF DEATH a. COUNTY	Cecil		MARYL	AND	2. USUAL RESIDENCE o. STATE	Where decess	ed lived. If instituti b. COUNTY		e before admi	ssian)
b. CITY OR TOWN (I RURAL and give no Elkton	f outside corporale limi corest town)	ts, write	c. LENGTH OF STAY IS			I (If outside corp	orote limits, write R			vn)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, of Hospital)	ive street			d. STREET ADDRE		OO CLARK	57	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Erwin	st	Middle J. Ci	7 224 224 5	Last	4. DATE OF DEATI	Mor Febr		Day	Year 1962
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		DATE OF BIRTH	1902	9. AGE (In years last birthday)	Months	Days Hours	DER 24 HRS
10a. USUAL OCCUPATION during most of worl DRIVE S		done 10b.	MILK	INDUS	Kaolia	, Pa.	country)	12. CITII	S. A.	COUNTRY
John Cum	mings				Anna H	enderi Ienderi	ckson			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.		ROTHY CUI	7111165	EL4	tens	Md	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	He Ca	e for (o), (b), and (c). emorrhage ercinoma e	ri tl		sis			1-Day	onth:
PART II. OTH	AS UNDERLYING TO	Caro	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE			VEN IN PART	PERF	AUTOPSY ORMED?
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.	CAUSE OF DEATH	or 20d, 18 While		Oe. PLA	CE OF INJURY (Home ory, street, office bldg	, farm, 20f. (Ci		(C	ounty)	(State
ACTUAL SIGNATURE	3/ unesh		ed from 9/24, 62, and that a			ADDRESS (the causes or Street, city or town,	nd on the	dote state	
220. BURIAL, CREMATIC REMOVAL (Specify)	2/5/6		G/LP/N		CREMATORY ANOR MEN	228. LOC.	ATION (City, town,	or county)	MARYL	otej 4 IVO
23. FUNERAL DIRECTOR	s signature IERMCHEIME	Dona	Ly hopes	ELI	7100	REC'D BY REGI		ISTRAR'S SIC		

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ARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 01778 USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY **6. COUNTY** MARYLAND Cecil Mary land Cecil c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town! Perry Point Md. 12 days
d. NAME OF HOSPITAL ON INSTITUTION (if not in hospital, give street address) ${f Elkton}$ e. IS RESIDENCE ON A FARM? 226 E High Street YES NO completely NAME OF 4. DATE Year Middie 2 DECEASED OF DEATH (Type or print) 19 Henry Dorsev February 11 9. AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX last birthday) Months and Male Negro WIDOWED physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired)

Cement Finisher Back Creek Neck, Maryland please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊑ aftending Henry Dorsev Gertrude Brown 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, or unkown] | (Ifyesgive war or detes of service) VA Hospital Records - VAH Perry Point, Md. Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: PUTMONARY EMBOLUS 15 Min. IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Unknown gave rise to immediate cause DUE TO (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Pert I or Part II of Item 18.) 20%. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, ' 20f. (City or town) (State) 20c. YIME OF INJURY (County) Month, Day, Year factory, street, office bldg., atc.) While Not While at work at work 21. I certify that (4 (this hospital) attended the deceased from. 1-30-62......, 19 2-11-62...., 19, that (4) (we) last 22b. DATE 22e SIGNATURE SIGNED ATTENDING DIRECTOR PHYS PHYS. FUNERAL FORERAL rector, page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MOONEY. Pathologist--VAH. Perry Point, Md. 23d. LOCATION (City, town or county) 123c. NAME OF CEMETERY OR CREMATORY CREMATION, 23b 0 5 8 Elkton, Maryland Providence Cemetery 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 [4] DAREE 1 3 '62 Chrima & Thank 15M 7761 FUNERAL HOME-Wilmington, Del.





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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exercite the certificate, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Ilage 4 should be forwarded to the Kinef Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior in the contained.

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01780 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Ren	Dist	N _o O	1	7	6	3
Keg.	DIN.	140>	-	w	1	~

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
County CEC/L MARYLAND	O. STATE TENN b. COUNTY C'AR FEEL
b. CITY OR TOWN HE outside corporate firms, write BURAL . LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
and give recipil howing FLATON 2 HRS	MOUNTAIN CITY 1:X-
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
UNION HOSP	322 FRAMMLIN ST YES NO D
3. NAME OF First Middle	tast 4. DATE Month Day Year
(Type or print) JUANITA FAYE FEI	YNER DEATH FEB. 23 1962
5. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 8.	
FEMALE WHITE WIDOWED DIVORCED]	1144 6, 1927 J1 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WIPE AT HOME	TENN. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
OSCAR HOWARD	MAE POTTER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
	EWEY L. PERNER, HARRISON BURG, Va.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY I MAMEDIATE CAUSE (a) LACERATION OUTE	
Z//X DIETO KNEE 5" LONG	
Conditions, if any, which) (b) CPD FRACTURE R	T. TIBIA + FIBULA ALFA ELPON
gave rise to immediate couse DUE TO FRACTURE AT 13 45	E SESTIVE
(a), stoting the underlying over the course lost.	SCHEP
	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
200 EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED. (E	ofer noture of injury in Port 1 or Port II of item 18.)
	OUCR AT 2104 NORTHEAST R.B.
	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN Hour o. m. 2/23 1962 of work of work of RT1	E 272 CEC/L Md
21. I certify that I took charge of the remains described abo	ve, held an Autapsy . Inspection X, Inquiry X, and find that
death resulted from: Natural causes , Accident X, Suid	cide , Hamicide , Undetermined cause .
(D) (A S	
SIGNATURE SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
EXAMINER'S D C D C C	ASSISTANT MEDICAL EXAMINER
NAME (Type) R.C. DODSON Ma.	DEPUTY MEDICAL EXAMINER 2/23/62
220. BLRIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
BURIAL 2/27/62 PHILIPPI	CEM. MOUNTAIN CITY, TENN.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ELKY	240. REC'D BY REGISTRAR 245. REGISTRAR'S'SIGNATURE
PIPPIN FUNERAL HONE DONNE De 1	TOL, DATE Ell 2 8 '62



FOR STATE HEALTH DEPT. necessary, or Page files. TO DEPUTY MESCAL EXAMINER: This cert ficate should be executed within 24 hours after death. If any delay is please execute the conficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dip 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page-5-may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages f and 2 with the State Booff is designable lagent, prior to burial, cremation, or removal, and in any event within 7 peturs, after death.

VS. A15ME 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1781 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01'764

1,	PLACE OF DEAT	H		l i	NCE (Whare decaesa		ution: Rasidano	e before edmission)
	Ceci1		MARYLAND	e. STATE	erre T con al	b. COUNTY	* 4	
Г	b. CITY OR TOWN (if outside corporete fimils, d give naarast town)	c. LENGTH OF STAY IN 16		ryland Nilf outside corporele	m is, write RUR		neerest town)
	RURA	L North Bast	43 vears	X RUR	AL North	1 East		
		TAL OR INSTITUTION (f not in	hospital, giva streat address)	d. STREET ADDRES	\$5	_		ON A FARM?
-	NAME OF	First	Middle	Lasi	4. DATE		D	'
3.	DECEASED (Typa or print)	HOWARD	,		OF DEATH	Month	Day	196 2
5.	SEX			EAK ER	. 9 AG	E (In years IF U)	NDER 1 YEAR I	IF UNDER 24 HRS.
	MALE			MAY 30, 190	last	41.11	nths Days	Hours Min.
	. USJAL OCCUPAT	1 11 12 12 12 12	bb. KIND OF BUSINESS OR INDUSTR				2. CITIZEN O	F WHAT COUNTRY?
		rs Yard man	Bay Boat Yard	Penna			USA	
	FATHER'S NAME		, <u></u>	14. MOTHER'S MAID	EN NAME			
15.	Isarel	L Whiteman For	eaker	Susan Bu	nce	Address		
(Y	es, no, or unkawn) [fyasgive werordatasofservica)	100 01 1001					
	no	,		Mirs Howard	I.Foreaker	North	*	Maryland_
		EATH [Entar only one cause	per line for (a), (b), and (c).					ERVAL BETWEEN SET AND DEATH
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Acute Corona	ry Occlusion	n.			5 min
	. 7	DUE TO		,				
	Conditions, if any	, which \ (b)					1	
	geve rise to immed	iale causa						_
	(e), stating the u	Incanying						
7	-	P SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RECATED TO THE TER	MINAL DISEASE COND	IT ON G VEN IN	J PART 1 m 10	WAS ALITORY
CATION	AKI II. OTTIL	A SIGNIFICANT CONDITIONS		PI NEEZONED TO THE TEN		11 011 0 7 01 11		PERFORMED?
NO.		_					1 1	ES NO X
CERTIFI	20a. EXTERNAL CAPRIMARY ☐ or CC	INTRIBUTING []	ESCRIBE HOW INJURY OCCURED. (Entar natura of injury In	Part I or Part I, of Itam	IB)		
CAL	20c. TIME OF INJ	JAY Month, Day Year 2	od, INJURY OCCURRED 200, PLA			wn)	(County)	(Siete)
MEDICAL	Hour a.m.		While Not While fac	tory, street, office bldg.,	atc.)			
3	p.m.		remains described above, he	de sa Autonou 🗔	Increasion I	In making I		:
					Lan.		-	in my opinion
	death resulted	from Natural causes	X, Accident . Suic	ide, Homic'd		mined manni	er	
	ACTUAL	11 NV/19	Relallas		AL EXAMINER			
1	SIGNATURE	11. KMV	COME	M.D	SEDICAL EXAMINER		D	ATE SIGNED
	EXAMINER'S			DEPUTY MEDI	CAL EXAMINER		2-1	7-1962
1.	NAME (Typa)	R.C.Dodson	Rising Sun	Address (Stree	t, city, town, or county			
220	REMOVAL (Spacify	DN, 226. DATE THEREOF	226. NAME OF CEMETERY O	K CREMATORT	22d. LOCATION	Ciry, town, or c	OURTFY]	(Stelle)
	Buria1	2-20-1962	ADDRESS thodist		North Ea			Md
23	FUNERAL DIRECT	sep -	ADDRESS		REC'D BY REGISTRAR)RE
1	TOSCHA R.C	raint North Ba	est. Marvland	DAFE	B 2 1 '62	E Wash	8. Hours	
1	-		AND A STATE OF THE PARTY OF THE	.= 1				



VS A1S (4) 1SM 9/SB

01782

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. No. 01765

1 PLACE OF DEATH o. COUNTY	Cecil		MARYLAN		USUAL RESIDENCE (V	Where decease	ed lived. If institut b. COUNTY	on: Residenc	e before adm	ission)
b. CITY OR TOWN (IF	outside corporate limi grest town) CON	ts, write	c LENGTH OF STAY IN 1	b >	c. CITY OR TOWN (III			URAL ond gi	ive nearest to	wn)
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g Lon Hospi	tal	address)		d. STREET ADDRESS				ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	George	sì	Middle C •		Gibson	4. DATE OF DEATH	Feb.		Doy 24	Year 1962
Fø/ Male	6. COLOR OR RACE White	7 MARR	D DIVORCED		an.19, 1	890	9. AGE (In years last birthday) 72 yrs		YEAR IF UN	-
100. USUAL OCCUPATIO during most of work BT1C:	N (Give kind of work in the life, even if refired MASON	one 10b.	KIND OF BUSINESS OR IN a. Rail Rd	DUSTR	11. BIRTHPLACE (State	te or foreign	country)		S A	COUNTRY
13. FATHER'S NAME Willie	3 m	Oth		1	4. MOTHER'S MAIDEN	NAME	~~			
W L L L L			SOCIAL SECURITY NO	INFO	Lydia		Hami]			
Yes, no. or unknown)	W.W. I	ervice]	OUT SECONITY NO.		oebe W. (Gibson			n.Md.	
Conditions, if on gove rise to in couse (o), stoting t lying couse last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ty, which nmediate he under (c)		e for (a), (b), and (c).]		of loff	lung			ONSET AN	O DEATH
STATE A	B. lateral	act		de	five pula	nousry	toberen	/	PER YES	FORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206 DESC	CRIBE HOW INJURY OCCU	RRED. {	Enter noture/of injury i	n Port I or Po	irt II of Hem (8)	rt	70	Ş
ZOC TIME OF INJURY Hour a.m. p. m.	Month, Doy, Yes	While	Nat while at work	PLACE fector:	OF INJURY (Home, for street, office bldg., e	orm, 20F (Cit	ty or town)	(C	ounly)	(State
21. I certify the alive on	at I attended the 13 F. b Waws H. Klaus	decease , 19 G	ed 110111-127-11-72	ath a	19.61, to coursed at 130, North	A.M., fram		nd an the		
220. BURIAL, CREMATION	2-27-19		22c NAME OF CEMETER West Nott				ATION (City, town,		(S	tote)
BCA.	Torgon (V80	ADDRESS		24a. RE	C'D BY REGIS	STRAR 24b. REGI	STRAR'S SIG		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY Page Gecil: Ceci I MARYLAND b. CITY OR TOWN (if outside corporata I m.ls, c. LENGTH OF STAY IN TH c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) write RURAL end give neerast town) Rising Sun. R.D. Rising Sum. rada d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) io le d. STREET ADDRESS Is residence ON A FARM? retarned he State B YES INO Middla 3. NAME OF Laret 4. DATE Month Day Veni DECEASED OF GlenwHoward Graybeal (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5 SEX B. DATE OF BIRTH AGE (In years HF JNDER 1 YEAR) IF UNDER 24 HRS. 2 with age 5 may 1 and 2 will 72 hours last birthday] Months Days and WIDOWED [DIVORCED 10s. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, orm PM3. Page done during most of working life, even if retired? Farsing pages 1 Retired Farmer U-S-A-14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lidia Cole Henry Graybeal E Bul form 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknwn) . (If yes give war or dates of service) Mrs. Glen Graybeal. Rising Sun. Md. 18. CAUSE OF DEATH [Entar on y one cause per I ne for (a), (b), and (c).] NTERVAL BETWEEN along -ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Cornery Ocelusion IMMEDIATE CAUSE (e) should be DUE TO burial removal. Conditions, if eny, which gave rise to immediate cause 10 EU DUE TO (a), stating the underlying 5 Examiner ō nsed PART IL OTHER S.GN.FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8. 19. WAS AUTOPSY PERFORMED? 2 NO 🛨 CERTIFICA plnous 20b. DESCR BE HOW INJURY OCCURED. (Enter neture of mary in Pert I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. ge 3 Chief age 3 Month, Day, Year 20d, INJURY OCCURRED, 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY (Steta) fectory, street, offica bldg., etc.) Hour e.m. While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy I Inspection T and in my opinion lagu ry ō DIRECT forwarded death resulted from Homicide Undetermined manner designated agent CHIEF MEDICAL EXAMINER se execute the should be form ACTUAL DATE SIGNED SIGNATURE EXAMINER'S Addro Rissing Sun - Md NAME (Type) 22d. LOCATION (City, town, or country) (Steta) 220. BURIAL, CREMATION, 40 6 0 ā REC D BY REGISTRAR | 246, REGISTRAR'S SIGNATURE VS. A15ME 5M 9 60

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEAT	01	784	CERTIFICATE	OF DEATH
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Reg. Dis 01767

3 NAME OF DECRASED (Type or print) SEX Male	1. PLACE OF DEATH 6. COUNTY		44.60V4.4	- 11 -	JSUAL RESIDENCE (WHO. STATE	here deceased	lived. If instituti		before admission)
RUBAL and give percent lown) North East d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARWAY YES NO RESTOR IN STREET ADDRESS DO NAME OF HOSPITAL (If not in hospital, give street oddress) 3 MAME OF HOSPITAL (If not in hospital, give street oddress) 3 MAME OF HOSPITAL (If not in hospital, give street oddress) 4 DATE OF HOSPITAL (If not in hospital, give street oddress) 4 DATE OF HOSPITAL (If not in hospital, give street oddress) 5 SEX	Cecil		MAKTLA	AND	Mary Land			Ceci	1
d. STREET ADDRESS d. STREET ADDRESS G. IS RESIDENCE DECASED G. DATE Month Day Year Pebruary 10 19 62 SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH Pebruary 10 19 62 SEX Male White WIDOWED DIVORCED G-24-1879 Months Days House 24 HR Male White WIDOWED DIVORCED G-24-1879 Months Days House 14 HR Ido. LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) Maints Days Hours Min. Ido. LSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) Marry 1 and USA Id. FATHER'S NAME Dr. P.B. HOUSE REPORTED 16. SOCIAL SECURITY NO. INFORMANT Marry 1 and USA Id. MOTHER'S MAIDEN NAME Marry 1 DEATH WAS CAUSED BY: 16. SOCIAL SECURITY NO. INFORMANT Address Marry 1 DEATH WAS CAUSED BY: MMEDIATE CAUSE (b) Cardio -Vascular Failure ONSET AND DEATH On 11 hr. Id. CAUSE OF DEATH (Enter only one couse per line for (o). (b), ond (c).] PART DEATH WAS CAUSED BY: (c)	b. CITY OR TOWN (I	outside corporate limits, write	c. LENGTH OF STAY IN	4 1b			ote limits, write R		
NAME OF DECRASED (Type or print) A DATE OF DECRASED (Type or print) Cheyney Veasey Housekepper OF DEATH Pebruary 10 19 62	North	East	Lifeti	me 📈	North Ba	ıst			
NAME OF OFFICE NO E OFFICE NO E OFFICE NO E OFFICE	d. NAME OF HOSPIT	AL (If not in hospital, give stree	et oddress)	1 1	d. STREET ADDRESS				e. IS RESIDENCE
Cheyney Veasey Housekepper OBATH Pebruary 10 19 62	OK INSTITUTION	_		1	_				YES NO K
Cheyney Veasey Housekeeper DEATH Pebruary 10 19 62	3 NAME OF	First	Middle		Last				Day Year
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Hour o. m. While Not while of work of two of t		Y Month, Day Year 20d	INJURY OCCURRED 2	Qe PLACE I	OF INJURY (Home, form	n. 20f. (City)	or town)	1Cr	ounty) (State)
S b. m.	Hour o.m.	- Whi	le Not while					(440	(5.5.5)
21. I certify that I attended the deceased from Tan . 26, 1960, to 17eb . 10, 1963 hat I last saw the decease				. 26	10 60 m F	'eb.	10 1062	Phat I los	t raw the deceased
alive an Feb., 94, and that death occurred at 2:25 Me from the causes and on the date stated above									
	GIIVE OIL		, dila mai a	iedin oc					DATE SIGNED
	ACTUAL	Willell	V115-	Ph.			*		2-12-62
SIGNATURE CECIL AVE. 2-12-62	SIGNATURE	The state of the	NOUL	M.D	rr-cecit-	AVG			<u> </u>
PHYSICIAN'S PARTY AND THE PHYSICIAN'S PARTY AND THE PHYSICIAN'S PARTY AND THE PHYSICIAN PARTY PARTY AND THE PHYSICIAN PARTY PA	PHYSICIAN'S		2.5 70		Dr. 40				
NAME (Type) Luis M. Cuza, M.D. North East, Md.			, MaDa		Rorth_	East,			
220. BURIA., CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)	220. RUBIA CREMATIC	N. 22b DATE THEREOF	22c NAME OF CEMET	ERY OR CR	MATORY	22d. LOCATI	ON (City, town,	or county)	(Stote)
Burial 2-13-1062 St. Mary Anne Episcopal North East, Cecil Co., Id									
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	REMOVAL (Specify)		St. Ma	ry An	ne Episcopa	1 Nor	th East,	Cecil	L Co., Id
Joseph Frau North East, Maryland DATE FEB 1 4 '62 2 1 8 Kmg	REMOVAL (Specify) BILT 1 a 1 23 FUNERAL DIRECTOR	2-13-1962 s sjenjaruse	ADDRESS						



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page A Secretarized by the hospital or attending physician.

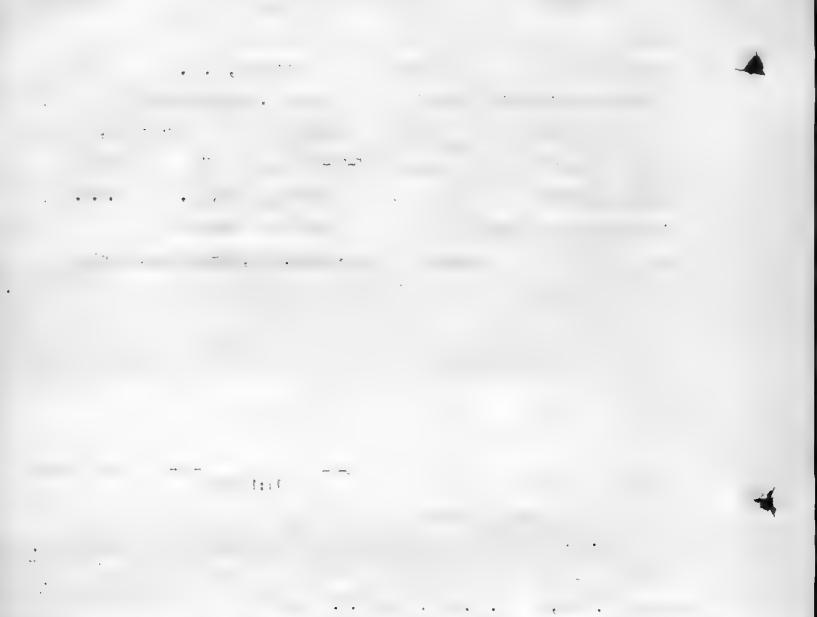
IO FUNERAL MECIOR. After this certificate has been signed by the attending physician and complimity filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after

> VR A1S (4) 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01768

/								
1. P	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssrbr) a. STATE b. COUNTY						
	Cecil							
ь	c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest fown)						
-	Perry Point 25 Days	Washington, D. C. 47X J						
°	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	ON A FARM?						
3 1	Veterans Administration Hospital	5106 N. Capitol Street YES NO K						
1	DECEASED	OF						
·	(NMI)	HUMBLES February 28, 19 62 DATE OF BIRTH 19. AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HRS.						
"	7. MARKINED THEYER MARKIED	last birthday) Months Days Hours Mn.						
10a	Male Negro WIDOWED DIVORCED JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
	ne during most of working life, even if retired)							
13.	Retired Carpenter Carpentering	Appomattox City, Va. U.S.A.						
William Humbles (Deceased) Emma Harris (Deceased)								
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT						
,,,,,,		A Records, VAH, Perry Point, Maryland						
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	MTERVAL BETWEEN ONSET AND DEATH						
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Myocardial infa	rction Several Hrs						
	T J C DUE TO							
	Conditions, if eny, which (b)							
	gave rise to immediate cause [e), stating the underlying DUE TO							
	cause last. (c)							
0 N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO UTemia	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?						
3		YES NO X						
	20s. ACCIDENT WAS UNDERLYING [20s. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter neture of injury in Pert 1 or Part II of item 18.)						
MEDICAL	Land Land	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)						
WED	Hour e.m. While Not While fact	of 1 street and 1 state						
	21. certify that (CANCADE) attended the decessed from	2-3, 1962 to .2-28, 1962						
		deeth occured at 1.1.2.10PMm the causes and on the dete stated above.						
	22a. SIGNATURE	ATTENDING MEDSTAFFSIGNED						
	(2)	D. PHYS. DIRECTOR PHYS. 22. 3-1-62						
	22c. PHYSICIAN'S NAME (Type) D. C. T.	22d. ADDRESS						
	B. S. LINN Chief Resident,	Surgical Service, VAH, Perry Point, Md.						
23a	BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY							
I. I	BURIAL 3/5/02 AFIIngton							
1	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	D C 258. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE						
H	orton Fun. Home, 1322 U.St., N.W. Wash.	D.C. DATE 1'02 Culling S. Firmes						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) b. COUNTY Cecil . COUNTY r. Page files. Health, Gecil. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outs'da corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Pert Desosit, R.D.L. al la Port Deposit RaDa d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RESIDENCE 3 to the funeral d. Boar any delay ON A FARM? YES NO death. 3. NAME OF Middle 4. DATE Last Month Day Yes DECEASED OF (Type or print) DEATH 1962 affer 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR ! IF UNDER 24 HRS. n 18. Give Pages 1, 2, and 3 th form PM3. Page 5 may mit. File pages 1 and 2 with y eyen! Within 72 hours a last birthday) Months Davs Hours WIDOWED DIVORCED 10a, USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Boiler UaS A Md. U TREATE 14. MOTHER'S MAIDEN NAME 三年 UNKENO, II. Fauric Kelley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address with for permit. (Yes, no, or unkown) [[fyesgivawerordetes of service] any Helen Evans, Rising Sun, Md. executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] e along waltransit p INTERVAL BETWEEN __ ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Acute Corenary ecclusion and Chronic Tuberculosis in pencil certificate should be Office DUE TO removal burial Conditions, if any, which pending" Examiner's (gave rise to Immediate cause DUE TO (a), steting the underlying 0 Medical Examiration should be used rial, cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF VEN IN PART 1 1/1 19. WAS AUTOPSY PERFORMED? the word NO T EXAMINER: This 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of Item 18.) terrificate, wr fing the drded to the Chief Med RECTOR: Page 3 should need to burial, or to burial, or PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 1 20e, PLACE OF INJURY (Home, farm, ... 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While MEDI Hour am. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion PERAL forwarded to agent, death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 4 should be forward FUNERAL DIE ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER ... EXAMINER'S NAME (Typa) RaC Dodsom 22a. BURIAL, CREMATION. 22b. DATE THEREO NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stelle) REMOVAL (Specify) OH Burial Hopewell Cemeters Port Deposit Md.
BY REGISTRAR S SIGNATURE FUNERAL DIRECTOR VS. A15ME Century S. France 5M 9/60 Rising Sun, Md.

1 , 31 mal + 1. E I- - 1 1.0 A .. . 123 2 6.3 é, ¥.

CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission, a. COUNTY **b.** COUNTY EC/ 6 by the and 2 death. ECIL MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN It outs de corporate limits c. LENGTH OF STAY IN 16 write RURAL and give nearest town? FILKTEN ELKTON d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give afreet address) ON A FARM? YES NO X 14051 **npletely** 3. NAME OF 4. DATE Morth Day Year Middle DECEASED OF DEATH (Type or print) 196 FREDERICK 00 AGE IIn years HE UNDER I YEAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED and last birthday) Months DIVORCED | 8 WIDOWED Vrs. physician 10b. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & Stata, or foraign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired) VARD GWNER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Δ, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT law requires that the (Yes, no, or unknwn) | [If yes give war or dates of service] IYR, ELGTON, MA attending physician. as been signed by the IS. CAUSE OF DEATH [Enter only one cause par line for (a,, b), and (c). atalectasis of rt lung PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-tmnsif DUE TO Conditions, if any, which (b) gave rise to immadiate causa DUETO (e), stating the underlying has causa last. ÷ e certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED Arteriosclerotic cardiovascular disease NO CERTIFICA 20b DESCRIBE HOW INJURY OCCURED, (Enter natura of in ury in Part I or Part I. of Itam 18) 2Da ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De, PLACE OF INJURY (Home, farm, 2Df, (City or town) (County) (Stata) 2De. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED factory, straet, office bldg., atc.) While Not While Hour a.m. W be refaire at work at work рm,, 19....., that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Feb. 2 Feb. ...19 saw the deceased alive on. 22b. DATE 22a SIGNATURE S, GNED ATTENDING TO DIRECTOR PHYS. PHY5. FUNERAL 22d. ADDRESS2 3 3 Main St. Elkton. 22c. PHYSICIAN'S NAME (Type) Ralph Andrews, Jr., filed . 23d. LOCATION (City, town or sounty) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a, BURIAL, CREMATION, 23b, DATE THEREOF 0.5 REMOVAL (Spacify) ARLINGTON. ATIENAL 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7 61

RYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS.

W. PRESTON STREET, BALTIMORE 1, MARYLAND



VR A15 (4) 15M 7/61

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2.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
01/7/2

	T163						1.5		
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
Cecil MARYLAND		* Dist of Columbia b. COUNTY							
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest lown)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Perry Po	int. Md.	25 days	Wash	ington		42 Y 3			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			d. STREET ADD			a IS RESIDE			
Veterans	1401	Fairmont	St. N. W.	YES NO					
3. NAME OF	First	M ddla	Last	4. DATE	Month	Day Year	3		
DECEASED (Typa or print)	Alex		Town	OF DEATH	77.1	19 /0			
5. SEX 6.	COLOR OR RACE 7. MARRIE	D S NEVER MARRIED [] B	Long DATE OF BIRTH	19.	AGE (In years IF O	NOER YEAR IF UNDER 24	HRS.		
Molo / s	1.00		72 20 05			nths Doys Hours Mi	in.		
White WIDOWED DIVORCED 12 29 95 66 yrs. 1 12 106. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY) 11. 8 RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
done during most of working	life, even if retired)			(county or overly or					
Printer 13. FATHER S NAME	P	rinting	Ord Ne			U.S.A.			
William Long Phoabe Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addrass									
Yes, no, or unkown) (Ifyasg	(iva war or dates of servica)								
	77	Unk. VA	. Hospital	Records -	- VAH Perr	y Point, Md.			
PART I DEATH WA	TH Enter only one cause per li					ONSET AND DEAT			
	EDIATE CAUSE (a) Bron	chopneumonia,	unresolve	d, bilater	<u></u>	1 month			
581.0 DUE TO									
Conditions, if any, wi		y Changes of I	iver, sev	ere		unknown			
gave rise to Immadiata c	gave rise to Immadiata causa								
cause last	100 100 100 100 100 100 100 100 100 100								
THE COUNTY OF THE COUNTY WAS AN AREA OF THE COUNTY OF THE									
PART II. O'MER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) 19. WAS AUTO PERFORMED. PERFORMED PERFORMED OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAUSE CAU									
E 20a ACCIDENT WAS L	E 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of Itam 1B.)								
OR CONTRIBUTING CO	AUSE OF DEATH								
	<u> </u>	INJURY OCCURRED 200. PLA	CE OF INJURY (Home	a, farm, 1 20f. (City	or town)	(County) (State	a) · –		
ZOC. TIME OF INJURY Hour a.m.	While	Not Whita fact	ory, street, office bldg			,,			
	TA 19 at work				2 37 (0				
21 1 certify that	WK HBEX BOXOUN Katten	ded the deceased from.	1.17	, 19.62 to	~ TT 04	, 19 ixthest teac (exe)	cith		
1517 XI NOX COLOR SELECT	abrication 2	XXXXXXXX, and that	death occured	at 6 2.50, from	the causes and	on the date stated ab	OV61		
22e. SIGNATURE ATTENDING MED. STAFF SIGNE									
M.D PHYS. DIRECTOR PHYS. X 2-11-62									
22c. PHYSICIAN'S NAME (Type) A.L.MOONEY, M.D., Asst Clinical Pathologist, VAH., Perry Point, Md.									
^	. L. MOONEL, P			OBIO, VA	H., Perry	roint, Mu.	-		
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)									
Burial	213/62	Arlington Nat	ional	Ft.	Myer, Vir	ginia			
24 FUNE AL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR 25b. REGISTRAR'S SIGNATURE									
PENNTNOTAL	H	avre DeGrace,	Md. DA	TE FEB 1 9 76	62 CAT	* I traces			
· · · · · · · · · · · · · · · · · · ·	T LE TAXABLE								



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY a. STATE h. COUNTY MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c LENGTH OF STAY IN To c. CITY OR TOWN (flouts de corporale limits, wrîte RURAL and give nearest town) write RURAL and give nearest town) Rura1 North East Lifetime Rural-North East d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO X 3. NAME OF Middle 4. DATE DECEASED 19 62 DEATH Feb. 26 (Type or print) Toseph Lvnch 9. AGE (In years HE UNDER I YEAR | IF UNDER 24 HRS. 5. SEX RACE 7. MARRIED NEVER MARRIED 1ast birthday) 83 vrs Months Hours Male White June 18,1878 WIDOWEDA DIVORCED 10a USUAL OCCUPATION (Give kind of work I 10b. KIND OF BUSINESS OR INDUSTRY 11 B RTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Signalman, Penn, Railroad Railroad USA Maryland 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Rebecca Ella Tyson James H. Lynch 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yas, no, or unkown) | (If yes giva war or dates of servica) Marple H.Lynch, Elkton, Maryland. 717-07-5304 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c,.) INTERVAL BETWEEN ONS硅 AND DEATH PART I. DEATH WAS CAUSED BY: DIDHALY 2 les ver IMMED ATE CAUSE (a) DUE TO Arterioselectio Heart Disease Conditions, if any, which gave rise to immadiate cause DUE TO (a), stating the underlying

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8,19. WAS AUTOPSY 208 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Jem 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 20f. (City or town, (County) 20c. TIME OF INJURY Not While factory, street, office bldg., etc.)

23c. NAME OF CEMETERY OR CREMATORY

NAME (Type) 238. BURIAL, CREMATION, | 236. DATE THEREOF REMOVAL (Specify)
Burial 24 FUNERAL DIRECTOR'S SIGNATUR

22a. SIGNATURE

22c. PHYSICIAN'S

Hour a.m.

saw the deceased alive on. 2%.

Ebenezer Methodist **ADDRESS** North East, Md.

at work at work

21. I certify that (I) (this hospital) attended the deceased from Jerly

23d. LOCATION (City, fown or county) Rising Sun Rural-

PHYS.

... 1962, and that death occured at 2.1.M, from the causes and on the date stated above

DIRECTOR

ATTENDING

22d. ADDRESS

PHYS.

PERFORMED

(State)

SIGNED

(State)

26 Fcb 196 x that (1) (we) last

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/60

& FO B

eath. Page 4

and

je G



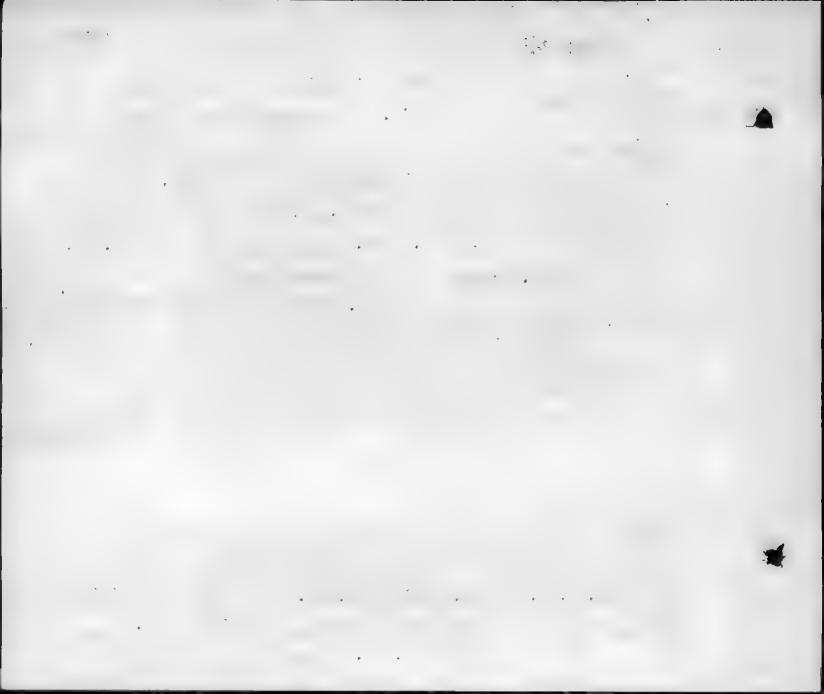
Reg. Dist. Q1773 **CERTIFICATE OF DEATH** 11791 I director filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) · COUNTY b COUNTY MARYLAND Cecill Cecil era b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) yrs. Elkton d. STREET ADDRESS d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION Curtis Averue YES NO M 317 Curtis Abenue = NAME OF 4. DATE Month Middle Year filled DECEASED 19 62 VTOTA DEATH A GTTES (Type or print) within IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months completel Jan 6. DIVORCED T WIDOWED [7] Female papers. executed 12. CITIZEN OF WHAT COUNTRY? 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) II.S.A. Chospooke City. Md. Former and carbon offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate Workington Montgomery Frances Monitor hours remove INFORMANT Address 116. SOCIAL SECURITY NO Arthur R. Moore ottending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH ᇗ PART I. DEATH WAS CAUSED BY: Acute coronary thrombosis DUE TO Arteriosclerotic cardiovascular disease severa Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underpuo lying couse lost. **burial-transit** attending physician certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(3) 19. WAS AUTOPSY removal, PERFORMED? YES | NO A 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) 20d. INJURY OCCURRED factory, street, office bldg., etc.) MED Hour a.m. While Not while of work of work p. m. 21. I certify that I attended the deceased from Fob 4 ..., 19-62 to Fob 10 ..., 19-61 to last saw the deceased and that death accurred at 10:236 from the causes and an the date stated above. ACTUAL SIGNATURE may be retained of TO FUNERAL DIREC prior M.D. 233 E. Main Street 2/10/62 3 should PHYSICIAN'S Elkton Maryland Kalph Andrews, Jr., M.D. NAME (Type) (Stote) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) page REMOVAL (Specify) 2-13-62 he Loraculate ADDRESS 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE Chillian S. Kressa all's Dec Elkton, Md DATEER 1 4 '62 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If institution: Residence before edmission) e. COUNTY scessary, for. Page or files. If Health, **b.** COUNTY Cec 17 Maryland MARYLAND Cecil b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate I'm'ts, write RURAL and give nearest town) write RURAL and give nearest town) Elkton 30 min. Chesapeake City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS . IS RESIDENCE B ON A FARM? Union Hospital YES NO 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) George Alvin DEATH Morgan Feb. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Davs Male WIDOWED [DIVORCED Nov. 14 1894 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maintenance R. M. R. Corp. Marvland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George A. Morgan Hant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Hannah Fisher Md. (Yes, no, or unknwn) | (If yes give werer detes of service) Mrs. Georgie S. Morgan, Chesapeake City. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Office along v ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Coronary Thrombosis 30 Min. IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which (b) geve rise to immediate cause ro. DUE TO (e), stelling the underlying cause lest. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1.8) 19, WAS AUTOPSY ld be u PERFORMED? NO X YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Part II of Item 18 ! PRIMARY [] or CONTRIBUTING [CAUSE OF DEATH. Writing (m H 20c. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, ' 20f (City or town) (Stete) fectory, street, office bldg., etc.) Not While While rhe r. Pz et work et work 21. I certify that I took charge of the remains described above, held an Autopsy 0 inspection Inquiry 😓 and in my opinion DIRECT(death resulted from Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER be for DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER TO **EXAMINER'S** should FUNE NAME (Type) R. C. Dodson, Rising Sun Add Street, city, town, or country b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. TOCATION (C) 22e, BURIAL, CREMAT ON J. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 6 Cecilton Cemetery Cecilton, Md. Burial 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Elkton. Md. 5M 9/60



VS A1S (4) 1SM 9/SB

01700

CERTIFICATE OF DEATH

L	07120			Reg. I	Pist. No.
Ī	PLACE OF DEATH O. COUNTY C. F.C. / L	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	b. COUNTY	ence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs 2.1 EL47	ide corporate limits, write RURAL and	give nearest town)
	d NAME OF HOSPITAL (If not in haspital, give street OR INSTITUT ON HOSP		d. STREET ADDRESS 129 MA	FFITT ST.	IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) Elizabeth	Middle	Nayfor	OF DEATH FE 6	Doy Year 23 1962
,	FEMALE WHITE WIDOW	ED DIVORCED	JAN.30, 188	9. AGE (In years less birthdoy) 7.3 yrs.	Pays Hours Min
	Oa. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) HOUSE MPE	KIND OF BUSINESS OR INDI	844 4 40 -	foreign country) 12.C	U.S.A.
י	JACUB WILS	ON	ELIZABU		
	S WAS DECEASED EVER IN U S ARMED FORCES? 16 Yes, no. er unknown) (If yes, give war or dales of service)	4 4	INFORMANT EDWIN NA	VLOR ELKT	IN, Md.
	18. CAUSE OF DEATH [Enter only one couse per li PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	7 /	Embolus		INTERVAL BETWEEN ONSET AND DEATH
i	Canditions, if only, which gave rise to immediate couse (a), stating the under-lying couse lost.	irombo phle	bitis, r. zl. s	Paphenous vein	s Iweeks
		eart disease	1.101	lation, constige	ART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. While	L.	LACE OF INJURY (Hame, form, policy, street, office bldg , etc.)	20f (City or tawn)	(County) (Stote)
i	21. I certify that I attended the decease alive on 15.6.23, 19.6 ACTUAL SIGNATURE		h accurred atti 25/3M	o, fram the causes and an tiporess (Street, city or town, state)	last saw the deceased the date stated above. DATE SIGNED
	PHYSICIAN'S Tillman Dig	lohnson 1	HO. EIA	ton, Md.	The first first first contract contract contract for the contract
	20. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 2/26/62	GILPIN MA	ANOR MEM. PH	RK ELKTON	Md,
2	3. FUNERAL DIRECTOR'S SIGNATURE	rolph. Du	Md DATE FEE	2 § '62	





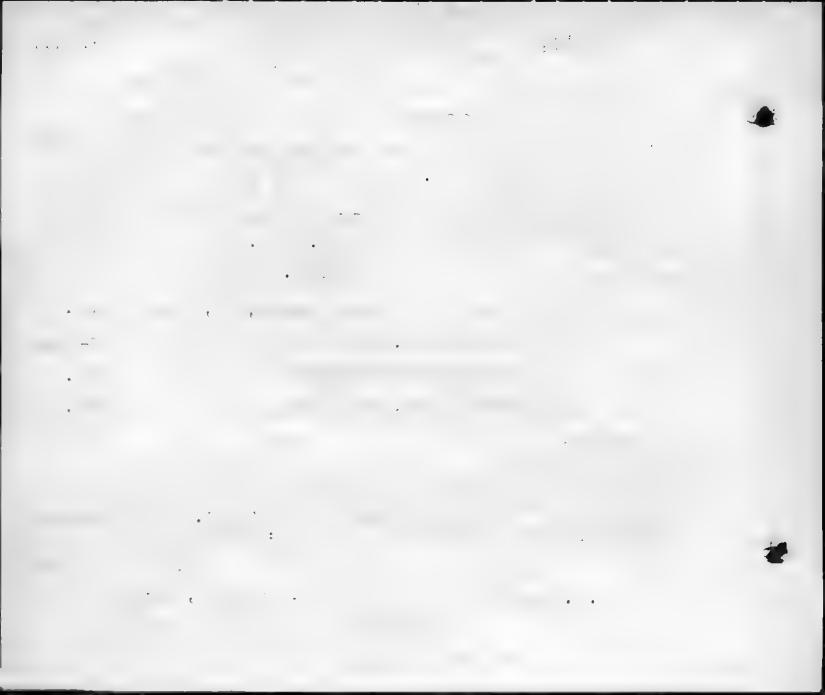
by the funeral and 2 should or death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 — be retained by the hospital or attending physician.

TO FUNERAL CLOR: After this certificate has been signed by the attending physician and completely filled into the funeral director, page — and be detached for use as the burial-transit permit. Then please remove carbon papers. Page and 2 should be filed with the State Dept. of health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 7,61

, MARI	LAND STATE DEPAKT	MENT OF MEALTH	
DIVISION OF STATISTICAL RESEA	RCH AND RECORDS, 301 V	W. PRESTON STREET, BALL	IMORE 1, MARYLAND
DIVISION OF STATISTICAL RESEA	CERTIFICATE OF	DEATH	01778
			OTIL

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased kyed, if institution, Residence before edm ssion)							
\neg	a. COUNTY	a, STATE TO B. COUNTY							
A	Cecil MARYLAND	Pennsylvania Philadelphia							
VIII	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)							
1	Perry Point 213 Days	Philadelphia 15 X 3							
٥١	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. (S RESIDENCE							
	Veterans Administration Hospital	138 Maryland Street							
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year							
	(Type or print) BENJAMIN W.	PEEL DEATH 2 3 162							
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years , IF UNDER 1 YEAR) IF UNDER 24 HRS.							
	Male White WIDOWED TO DIVORCED	4-5-80 last birthday) Months Days Hours Min.							
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	done during most of working life, even if retired) Unknown	Phila. Penna. USA							
\sim	Electrician Offknown	14. MOTHER'S MAIDEN NAME							
П	William Peel	Mary E. Moss							
١,	15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1								
	(Yes, no or unkown) (Ifyesgive werordates af service)								
	Yes SAW 181 10 4648 Ho	spital Records, VAH, Perry Point, Md.							
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA B								
	immediate cause (a) BHONGHOPNEUMONIA, BILATERAL 3-5 Days.								
	3 0 2	IDM DIGDLOD							
	Conditions, if eny, which pave rise to Immediate cause								
	(e), stating the underlying DUETO								
	couse last (c) ARTERIOSCLEROSIS, GENERALIZED Unk.								
2.1	PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
	EMPHYSEMA E 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINER	YES NO _							
- 1	2Do ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Iem 18.)								
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. White Not While fact p.m. 19 at work at work	CE OF INJURY (Home, farm, 1 20f. (City or lown) (County) (Stete)							
	Hour a.m. WhileNot While factory, street, office bidg., atc.)								
	21. I certify that it (this hospital) attended the deceased from July , 19.61, to Feb 3 , 1962, to , 1962, to , 1962, to								
		death occured at.1.2:00 Woonhe causes and on the date stated above.							
	22a. SIGNATURE	22b. DATE							
	a. L. mooney _ M	PHYS. DIRECTOR PHYS. FT 2/3/62							
	22c, PHYSICIAN'S	22d. ADDRESS							
	NAME (Type)	WALL Downer Dadach Manustand							
	23a BUBIAL CREMATION, 23b. DAYE THEREOF 23c. NAME OF CEMETERY	VAH, Perry Point, Maryland							
	238. BUBIAL CREMATION, 23b. DAYE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 234-7 LOS ATION (City, lown or county)							
	- 44/62 demal	con Juliallepha, a_							
	24 PUNERAL DIRECTOR'S SIGNATURE ADDRESS	25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
	Vennigton + For Hande Mace)	DATE DATE CONTRACT TOURS							



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 can be retained by the hospital or attending physician.

IO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled to by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Page 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

U1796 CERTIFICAT	E OF PEARIT
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
a. COUNTY CEC/L MARYLAND	a. STATE MA b. COUNTY CECIL
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
write RURAL end give nearest town)	X CHECAPEAKE CITY
d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
	ON A FARM? YES NO S
3. NAME OF First Middle	Last , 4. DATE Month , Day Year
ORCEASED (Type or print)	C OF 15 15
00111100.9	74 761
5. SEX 6. COLOR OR RACE 7. MARRIED NEWER MARRIED 8.	lest birthday) Months Deys Hours Min.
MALE WHIE WIDOWED DIVORCED S	EM, 26, 1881 74 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	11. BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY?
FARMER_ POULTRY_	IFIA-RYLAND VIA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN JACOB SAGER	STELLA TRUSS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. III (Yes, ng, pr unkown) (Ifyas grvewer or dates of service)	NFORMANT Address
No PL	ORENCE M. SAGER CHESAPEARE CITY, M.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Limbolism 10 min
F. 20 & ODUETO	, , , ,
Conditions, if any, which ? (b) Secrete Can	cestire Failere /2hour
gove rise to immediate cause	
(e), stating the underlying but to feel of the cause last.	claratore Heart 1) 3 case
10	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 6] 19. WAS AUTOPSY
PART 1. OTHER SIGNIF, CAN'T CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
E 200 ACCIDENT WAS UNDERLYING L 206. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury In Pert I or Pert I of Item 18)
E 206 ACCIDENT WAS UNDERLYING _ 20b. DESCRIBE HOW INJURY OCCURED OF CONTRIBUTING _ CAUSE OF DEATH O UP EITHER, NOTIFY MEDICAL EXAMINER;	TE NOT THE EAST OF THE PARTY OF
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While	pry, street, office bldg., atc.)
	1-2-1-12
	15 Seb 19 (2) to 15 Seb
	death occured at 5 M, from the causes and on the date stated above.
220, SIGNATURE	ATTENDING STAFF 22b, DATE SIGNED
Walkel Mexelven M.	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
WALLACE OBENSHAIN	CECIL TON, Ma.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d, LOCATION (City, town or county) (Stete)
BURIAL 2/19/62 BETHEL	EMETERY NR. CHESHPEIKE CATY, MICH.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	4 FON 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
PPPPIN FUNERAL HOME Abrald b. Du	Md, DATE FEB 2 0 '62 w. inv. S. Thomas



01797

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 01707 CERTIFICATE OF DEATH

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived, if institutions	Residence before admission)
a. COUNTY Cecil	MARYLAND	a. STATE Maryland	b. COUNTY C	ecil /
b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporate limits, writa RURAL er	nd give nearest town)
write RURAL and give nearest town) ELKTON	8 days	Charle:	stown	
d. NAME OF HOSPITAL OR INSTITUTION (if not	in haspital, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
Union Hospita	a1			YES NO
3. NAME OF DECEASED	Middle	Last 4. DATE OF		Day Year
(Type or print) Roberta	E	Sapp DEAT	LCO*	3 19 62
5. SEX 6. COLOR OR RACE 7. M.	ARRIED X NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday)	
Female White wid	OWED DIVORCED	Feb.24,1915	46 yrs. Months	Days Hours Min.
10s. USJAL OCCUPATION (G ve kind of work done during most of working life, even if retired)	OF KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stele,	or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
	losiery & Firewor	ks Cherry Hill, M	aryland	USA
Maurice E.	Egnor	Eva M. Moor	e	,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyesgivewarordatesofservice	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	
no		Ir Howard T. Sapp.	Charlestown, Ma	in land.
18. CAUSE OF DEATH [Enter only one cause	I and the second			INTÉRVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)	REMIA			don
DUE TO		- 13 - 12	m	/
Conditions, fany, which 3 (b)	HERTENSIU	E CARDIOVABLULA	2 DISEASE	TOYPS
gave risa to immediate cause DUE TO	•			
cause last.				
Z PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	E COND TIPN GIVEN IN PAR	
PART II, OTHER SIGNIFICANT CONDITIONS CBCS T - //RU 20a ACCIDENT WAS UNDERLYING - 20b OR CONTRIBUTING - CAUSE OF DEATH OF IF IF IF HER, NOTIFY MEDICAL EXAMINER)	5 1/ FE CT 101	1-10 BAKS	0 10	YES NO
20a ACCIDENT WAS UNDERLYING 1 20b	DESCRIBE HOW INJURY OCCURED	. [Enter nature of inury in Part I or Part	i L of item 18.)	1
		CE OF INJURY (Home, farm, 20f. (Clory, street, office bldg., stc.)	lity or town) (Co	unty) (State)
Hour a.m.	at work at work	2	-	,
21. I certify that (I) (this hospital)	attended the deceased from	1AN 26 19	o. tut. 3 19	That (I) (we) last
saw the deceased alive on Jetter	3 1967, and that	death occured 4 A, fro	om the causes and on	the date stated above
228. SIGNATURE	,)		27.455	22b. DATE SIGNED
1 E Vienna &	bus M	D. PHYS. DIRECTOR	PHYS.	SIGNED
22c, PHYSICIAN S NAME (TYPO) AFN RY V. P	AUG HO	22d. ABORESS SAPE	EARK (CITY	, Ma
100	1012 1117		ž.	///
23. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		CATION (City, town or coun	(5tale)
Burial 2-7-62	Rosebank ceme	terv Cal	Lvert Cecil -CC	Maryland -
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	238, REC 0 81 REG	NO. m	
Jaseph H. Grant	North East,	Md. DATE	OZ Cirthur	2. Kraus

the funerall ATTENDING PHYSICIAN: The law requires that the death certificate be exacuted within 24 hours after death. Page 4 to the certained by the hospital or attending physician.

IO FUNERAL LOTECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in event, within 72 hours after the complete of the state of the TO HOSPITAL OR VR A15 (4) 15M 7/6I



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Should 2. USUAL RESIDENCE (Where deceased lived, If Institution, Rasidence before edmission) PLACE OF DEATH e. COUNTY e. STATE b. COUNTY Ceci? MARYLAND by th c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN (it outside corporala limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) m'ton e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS ON A FARM? Union Hospital YES NO 3. NAME OF Middle Last 4. DATE Month Yeer DECEASED OF मिल्लास क्षा SHAIK 2nd DEATH (Type or print) Fahmuanu 19 B. DATE OF BIRTH AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 6 COLOR OR RACE 7. MARRIED NEVER MARRIED [7] and lost birthday) Months Min. Hours WIDOWED [DIVORCED [physician 12, CITIZEN OF WHAT COUNTRY 10a. LSUAL OCCUPATION (G ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most all working life, even if retired) attending phy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Then 15. WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO | 17 INFORMANT Address remova (Yes, no, or unkown) (If yes give wer or detes of service) attending physician. as been signed by the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause ger line for (e), (b), end (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) burial-transit DUE TO has been Conditions, if eny, which (b) geve rise lo immediete cause DUE TO (a), stelling the underlying the cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY After this certificate CERTIFICATION \$ Q PERFORMED? NO F USe 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH ILF EITHER, NOTIFY MEDICAL EXAMINERS 20e, PLACE OF INJURY (Home, farm, ' (State) 20c. TIME OF INJURY Month, Dey, Yeer 1 20d. INJURY OCCURRED I 20f. (City or town) (County) fectory, streat, office bldg., etc.) be retained While Not While Hour e.m. My be retaine at work at work p.m 19 62 10 Feb 1 19 64 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from ... 1. C. 19 and that death occurred at 1.2 M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE 220. SIGNATUR ATTENDING 5 GNEO PHYS. DIRECTOR PHYS. M.D. page death. Page O FUNERA 22d. ADDRESS 22c, PHYS CIAM NAME Type director, be filed v 23d. LOCATION (City, town or county) (Stete) NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, | 23b DATE REMOVAL (Specify) OH BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 C C . DATE FEB 5 121

within



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral within 24 hours after 2 IISIAL RESIDENCE Where deceased lived, if institution, Residence before edmission) 1 PLACE OF BEATH e. COUNTY 6. COUNTY Cecil Cecill Md. MARYLAND c. CITY OR TOWN (If outside corporete I mils, write RURAL and give necrest fown) b. CITY OR TOWN (If outside corporate limits. c. 1ENGTH OF STAY IN 16 write RURAL end give neerest tawn) Earleville Rural Elkton d. STREET ADDRESS 15. RES DENCE d. NAME OF HOSPITAL OR INSTITUTION (finat in hospital, give street eddress) ON A FARM? YES NO T Union Hospital 4 DATE Dav 3. NAME OF Year Middle DECEASED OF (Type or print) DEATH 11. 19 62 Ronald Sheldon February Lavern AGE (In years IF JNDER 1 YEAR, F UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO last birthdey) , Months | Deys and Hours April, 2, 1904 Male WIDOWED [DIVORCED [physician 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Tavern Owner Tavern Camden, N.J. U-S-A-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Merritt Sheldon Blanch Fix. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16 SOCIAL SECURITY NO. 17. INFORMANT Address [Yes, no, or unkown] [If yes give wer or detes of service] Mrs. Thelma E. Brown. W.W. 11 Earleville. 215-18-6311 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I DEATH WAS CAUSED BY: Cardiac arrest due to Massive myocardial infarction IMMEDIATE CAUSE (+) years. due coronaru artery disease. DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying certificate har use as the topion to buris PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Encephalomalacia of right temporal lobe due to old CVA M. YES I NO 200 ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part II of item 18.) 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, form, , 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While el work et work 21. I certify that (I) (this hospital) attended the deceased from Jan 19 1962, to 11 Feb 1962, that (I) (we) last19..., and that death occurred as :30P from the causes and on the date stated above. Feb 62 saw the deceased alive on...11 22b, DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 22d. ADDRESS 22c. PHYSICIAN NAME (Type) . Cacilton, Md. TO FUNE director, be filed W-llace Obenshain . M.D. 230. BURIAL, CREMATION, | 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) Feb. 15, 1962 Earleville Cecil Co,_ Johntown Cemetery Burial 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) Chilling & House 15M 9/60





AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET. BALTIMORE 1. MAS CERTIFICATE OF DEATH 01807 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Cecil Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, CITY OR TOWN If outside corporate limits, write RURAL and give negrest town) C LENGTH OF STAY IN 16 write RURAL and give nearest town) Elktoh vears Elkton a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS ON A FARM? 202 Main St. YES NO T Union Hospital 3. NAME OF DATE Middle Month OF DECEASED (Type or print) DEATH Mabel Straughn 19 Feb. 9. AGE (In years | IF UNDER 1 YEAR | 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. last birthdey) Months DIVORCED TIJULY Female WIDOWED X 1 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & Stelle, or foreign country) done during most of working life, even if retired) Maryland U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellen R. Bye Bruce Gootee 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17 INFORMANT Address (Yes, no, or unkown) (If yes give wer or detes of service) No George Eber Brown, Claymont. Del. INTERVAL BÉTWEEN 18. CAUSE OF DEATH lenter only one cause per line for (e), (b) and (c), ONSET AND DEATH Acute cardiovascular accident with PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) rt. hemiplegia DUE TO Arteriosclerotic cardiovascular disease unknown geve rise to immediate cause DUE TO .e), stet na the underlying cause lest PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED NO -20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I of tem 18) 20e. ACCIDENT WAS UNDERLYING . I OR CONTRIBUTING [] CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) fectory, street, office bldg., etc.] While Not While MED et work 0.00 21. I certify that (I) (this hospital) attended the deceased from. 1962 , and that death occured at 28M, from the causes and on the date stated above. saw the deceased alive on. 2/5/62 DATE 22e. SIGNATURE PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. Main St.. NAME (Type) Elkton. Md. 23d. LOCATION (City, town or county) 123c. NAME OF CEMETERY OR CREMATORY (State) 23a, BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Woodlawn Cemetery Baltimore, Md. Burial 2/8/62 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL Elkton. Md.

within 24

and carbs

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has been signed by th

NECTOR:

death. Page 4

page

TO FUNE director, p

VR A15 (4)

1SM 7/61

the



ESTON STREET. BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 01802 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before ed e. COUNTY b. COUNTY MARYLAND b. City OR TOWN (flourside corporate limits, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) HURAL ONOVVINGDMO e. 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Pag ON A FARM? YES NO 3. NAME OF Middla 4. DATE Year TERRES. OF (Type or print) DEATH RACE 7. MARRIED NEVER MARRIED | B DATE OF BIRTH 5. SEX AGE fin years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday] | Months pue physician done during most of working life, even 'f retired) 400 please MOTHER'S MAIDEN NAME affending and 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT oval, (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH Enter only one cause per lige for (a), (b), and (c). INTERVAL BETW IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER'S GIVENCANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a). 19, WAS AUTOPSY PERFORMED? NO [208 ACCIDENT WAS UNDERLYING I I 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Iem 18.) OR CONTRIBUTING | CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 1 20f. (City or lown) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work | et work 21. I certify that (I) (this hospital) attended the deceased from , 19.53_that (I) (we last 19 6.2., and that death occurred at A.M. from the causes and on the date stated above, saw the deceased alive on 22b. DATE ATTENDING / JAPO. STAFF SIGNED PHYS. DIRECTOR FUNERAL 22d. ADDRESS PHYSICIAN S NAME (Type) TO FUNE director, p 230. BURIAL, CREMATION, | 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY VR A15 (4) 15M 7/61



,		01803		CERTIFICAT			ALTIMORE I, I	MAN U178	-
	-	PLACE OF DEATH						0	
1		. COUNTY			- STATE	NCE (Where decess	L COUNTY	Residence before admiss	10
		Cecil		MARYLAND	Md.		Ce	cil	
		o, CITY OR TOWN (If outside corporate write RURAL and give nearest town	I mits, c.	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	I mils, write RURAL a	and give nearest lown)	
	E	1kton	1		Crystal Be	ach Manor	, Rural Ea	rleville	
	(. NAME OF HOSP TAL OR INSTITUT	ON (if not in hospital	, give street eddress,	d. STREET ADDRESS			(e. IS RESIDEN	
		nion Hospital						ON A FAR	-
	1	NAME OF	First	M ddle	las†	4. DATE	Month	Dev Year	12
		DECEASED [Type or print] M.	-	-	White	OF DEATH	February		
	5.		ary	E.					9
				THE ACK INSCRICTS	8. DATE OF BIRTH	i las		R 1 YEAR IF UNDER 24 H Days Hours Mir	
		male White	WIDOWED 2		October, 12, 1	888 73	yrs,		
	dor	. USUAL OCCUPATION (Give kind of le during most of working life, even 'f	work 10b, KIND retired)	OF BUSINESS OR INDUST	RY 11 BIRTHP SCE (Co.	unty & State or fore	gn country) 12. C	CITIZEN OF WHAT COUN	11
		usework		Home	Md.		U.	S.A.	
	13.	FATHER'S NAME			14. MOTHER'S MAIDE	NAME			
ГЪ	7	ohn Weir			Emma W. Bot	ulden			
5/	15.	WAS DECEASED EVER IN U.S. ARMED	FORCES? 116. SO	CIAL SECURITY NO 17			Address		
	(Ye:	s, no, or unkown) (Ifyesgivewerordat		10-4533 Mr	s. Lambert B	Manlows	D D 25	Madia Da	
	-1	NO. 18. CAUSE OF DEATH (Enter only			a Tumnetr D	*LIGITTO AA'	Rabado,	T INTERVAL BETWEEN	4
		PART I. DEATH WAS CAUSED E			Cecum with	mateatea	e to	ONSETIAND DEATH	
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		/ DU	10						
		Conditions, if any, which	(b) <u>r18</u>	ht groin					
		gave rise to immediate cause (a), stating the underlying	10						
		cause last.	(c)						
Control of the last	AJION	PART I. OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	BUTING TO DEATH BUT N	OT RELATED TO THE TERM	NINAL DISEASE CON	IDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOF PERFORMED YES NO	
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	1 . 1	20c. TIME OF INJURY Month, Da		RY OCCURRED 200 P.	ACE OF INJURY (Home, fa	206 (City or	town) ic	ounty) (State)	1
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	ME	p.m,	19 at work	at work		i			
		21. I certify that (I) (this he			Jen 15 1961	- 19, to	3 Feb 62, 1	9, that (I) (we)	1
		saw the deceased alive on	13 Feb 62	.19 , and tha	t death occured at	AM, from th	e causes and on	the date stated ab-	0
		22ª SIGNATURE . O		7				22h DA	

22c. NAME (Type)

ATTENDING STAFF S GNED PHYS. DIRECTOR PHYS. M.D. 22d, ADDRESS

titution: Residence before admission)

 IS RESIDENCE ON A FARM? YES NO A Year

[State)

Md.

UNDER 1 YEAR . IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

Wallace Obenshein, 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR

Cocilton, Mi. Chesapeake City,

REMOVAL (Specify) Feb. 16, 1962 Bethel Cemetery Burial

25a, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

VR A15 (4) 15M 9/60

death. Page 4 death. TO FUNERAL director, page 3 st



FOR STATE HEALTH DEPT.

ctor. Page to our files. of Health, necessary, TO DEPUTY IS DICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay please executed, certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bod or its designated agent, prior to burial, cremation, or removal, and in any prant, within 72 hours after death. VS.

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01788

Description	1.	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16									
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01805	CERTIFIC	ATE OF DEAT	Н	Reg. Di	st. (%) 17	PR
1. PLACE OF DEATH a. COUNTY CECCL	MARYLAND	2. USUAL RESIDENCE (W		If institution: Resider	lee before admi	ission)
b. CITY OR TOWN (If autside corporate limits, write c RURAL and give nearest lown) AUTAL TOWN LA TOUT - Ne The feet d. NAME OF HOSPITAL (If not in hospital, give street odd OR INSTITUTION	LENGTH OF STAY IN 16 / Yr dress)	d. STREET ADDRESS	outside carporate limiter or A	its, write RURAL and	07X -	esidence A FARM?
3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE WIDOWED. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) JOURSELES (13. FATHER'S NAME)		Jan 22 18	ar fareign country) Charter	birthday) Manths Yrs.	Day 22 1 YEAR IF UNI Days Hours IZEN OF WHAT	s Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) 18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c)	VONE 7	orman Wil	it with un	Pene St.	Of for	
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO DUE TO (b) DUE TO	NTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERA	ainal disease cond	DITION GIVEN IN PAR	T 1(o) 19. WA:	S AUTOPS'
OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF	URY OCCURRED 20e. Not while	RED. (Enter noture of injury in PLACE OF INJURY (Home, for factory, street, affice bldg., el	m, 20f. (City or taw		Caunty)	(Stote
21. I certify that I attended the deceased alive an 20 F.b . 19 6 ACTUAL SIGNATURE Mais H. / husbu	fram. Hy	, 19.61 , ta_ th accurred at 2:15) _M.D.	M, from the co		e date state	
	Of ford (ADDRESS)	OR CREMATORY 24g. REC DATE E	Offord	Clester Co 24b. REGISTRAR'S SI Carthay S.	GNATURE	tote)

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